2001 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2001 8:00 am DOCUMENT # P00000101541 **Secretary of State** FINANCIAL HEALTH ADVISOR, CORP 02-05-2001 90052 024 ***150.00 Principal Place of Business Mailing Address 7744 PETERS ROAD 7744 PETERS ROAD PMB #242 PMB #242 U 1 U % 4 1 PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERNSTEIN, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 7744 PETERS ROAD PMB #242 PLANTATION FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOT): Bagistered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable FNOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing 31 Aiter MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Malo Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 3R2E034 (10/00 TITLE □ Delete TITLE PRES IDENT RICHARD A BERNSTEIN 7744 PETERS ROAD PHB 242 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ANTATION, FLORIDA 33324 VICE PRESIDENT TITLE ☐ Delete TITLE Change ADREAN C. BERNSTEIN 2744 PETERS ROAD PNB 242 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FLOR IDA Addition ☐ Delete TITLE TITLE Change NAME NAME -- -STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: X

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